



Departmental Quarterly Performance Report

Department Name: Office of Historic Preservation

Reporting Period:

FY 02-03

Fourth quarter

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|---------------------------------------|---------------|
| I. Performance Initiatives | Page 2 |
| II. Personnel Status | Page 4 |
| III. Financial Performance | Page 5 |
| IV. Department Director Review | Page 6 |

Departmental Quarterly Performance Report

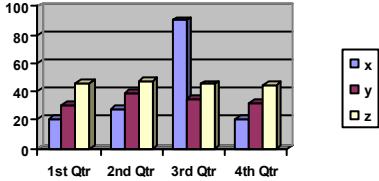
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MAJOR PERFORMANCE INITIATIVES

Check all that

apply

| | |
|---|---|
| <p>Describe Key Initiatives and Status County Mgr. Priority (Circle One): People Service Technology Fiscal Responsibility</p> <p>Describe initiative and provide status update Insert associated performance measures, if applicable, e.g.</p>  | <p>___ Strategic Plan</p> <p>___ Business Plan</p> <p>___ Budgeted Priorities</p> <p>___ Customer Service</p> <p>___ ECC Project</p> <p>___ Workforce Dev.</p> <p>___ Audit Response</p> <p>___ Other _____ (Describe)</p> |
| <p>County Mgr. Priority (Circle One): People <u>Service</u> Technology Fiscal Responsibility</p> <p>Gave consultant the Notice to Proceed and initiated work on the Historic Sites Survey update.</p> | <p>___ Strategic Plan</p> <p>___ Business Plan</p> <p>___ Budgeted Priorities</p> <p><u>X</u> Customer Service</p> <p>___ ECC Project</p> <p>___ Workforce Dev.</p> <p>___ Audit Response</p> <p>___ Other _____ (Describe)</p> |
| <p>County Mgr. Priority (Circle One): People <u>Service</u> Technology Fiscal Responsibility</p> <p>Finalized and signed the contract to transfer responsibility for the rehabilitation of historic houses in the MacFarlane Homestead Historic District to the L. B. W. Homeowners' Foundation of Coral Gables, Inc. with technical assistance from the Office of Historic Preservation; finalized the subcontract for the Project Management.</p> | <p><u>X</u> Strategic Plan</p> <p><u>X</u> Business Plan</p> <p>___ Budgeted Priorities</p> <p><u>X</u> Customer Service</p> <p>___ ECC Project</p> <p>___ Workforce Dev.</p> <p>___ Audit Response</p> <p>___ Other _____ (Describe)</p> |
| <p>County Mgr. Priority (Circle One): People <u>Service</u> Technology Fiscal Responsibility</p> <p>Collaborated with Dade Heritage Trust with the closing on the purchase of an historic bungalow in the East Little Havana area to serve as a pilot demonstration project of the rehabilitation of this building-type in the area.</p> | <p><u>X</u> Strategic Plan</p> <p><u>X</u> Business Plan</p> <p>___ Budgeted Priorities</p> <p><u>X</u> Customer Service</p> <p>___ ECC Project</p> <p>___ Workforce Dev.</p> <p>___ Audit Response</p> <p>___ Other _____ (Describe)</p> |
| <p>County Mgr. Priority (Circle One): People <u>Service</u> Technology Fiscal Responsibility</p> <p>Finalized plans, office layout, and budget for office's relocation to Stephen P. Clark Center</p> | <p>___ Strategic Plan</p> <p>___ Business Plan</p> <p>___ Budgeted Priorities</p> <p><u>X</u> Customer Service</p> <p>___ Workforce Dev.</p> |

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| | |
|---|---|
| | <input type="checkbox"/> ECC Project <input type="checkbox"/> Audit Response <input type="checkbox"/> Other _____ (Describe) |
| County Mgr. Priority (Circle One): People <u>Service</u> Technology Fiscal Responsibility | <input checked="" type="checkbox"/> Strategic Plan <input checked="" type="checkbox"/> Business Plan <input type="checkbox"/> Budgeted Priorities <input checked="" type="checkbox"/> Customer Service <input type="checkbox"/> Workforce Dev. <input type="checkbox"/> ECC Project <input type="checkbox"/> Audit Response <input type="checkbox"/> Other _____ (Describe) |
| County Mgr. Priority (Circle One): People Service Technology Fiscal Responsibility | <input type="checkbox"/> Strategic Plan <input type="checkbox"/> Business Plan <input type="checkbox"/> Budgeted Priorities <input type="checkbox"/> Customer Service <input type="checkbox"/> Workforce Dev. <input type="checkbox"/> ECC Project <input type="checkbox"/> Audit Response <input type="checkbox"/> Other _____ (Describe) |
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PERSONNEL SUMMARY

A. Filled/Vacancy Report

| NUMBER OF FULL-TIME POSITIONS* | Filled as of September 30 of Prior Year | Current Year Budget | Actual Number of Filled and Vacant positions at the end of each quarter | | | | | | | |
|---|--|---------------------------|--|--------|-----------|--------|-----------|--------|-----------|--------|
| | | | Quarter 1 | | Quarter 2 | | Quarter 3 | | Quarter 4 | |
| | | | Filled | Vacant | Filled | Vacant | Filled | Vacant | Filled | Vacant |
| | 4.5* | 4.5* | 4.5* | 4.5* | 4.5* | 4.5* | 4.5* | 4.5* | 4.5* | |

* Public Safety Departments should report the sworn versus non-sworn personnel separately and Departments with significant part-time, temporary or seasonal help should report these separately.

Notes: 4.5* Director position is divided between Office of Historic Preservation and Art in Public Places

B. Key Vacancies

C. Turnover Issues

D. Skill/Hiring Issues

E. Part-time, Temporary and Seasonal Personnel (Including the number of temporaries long-term with the Department)

In the Fourth quarter one Historic Preservation Specialist II is on Short-Term Disability; this will continue into the next quarter.

F. Other Issues

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FINANCIAL SUMMARY

(All Dollars in Thousands)

| | PRIOR YEAR Actual | CURRENT FISCAL YEAR | | | | | | |
|-------------------------------|-----------------------------|---------------------------|---------|--------|--------------|--------|-------------|--------------------------|
| | | Total Annual Budget | Quarter | | Year-to-date | | | |
| | | | Budget | Actual | Budget | Actual | \$ Variance | % of Annual Budget |
| Revenues | | | | | | | | |
| ♦ General Fund | 233 | 175 | 44 | 38 | 175 | 175 | | 100% |
| ♦ CDBG—Administrative Support | 170 | 170 | 42 | 27 | 170 | 170 | | 100% |
| Total | 403 | 345 | 86 | 65 | 345 | 345 | | 100% |
| Expense* | | | | | | | | |
| ♦ Salaries & Fringes | | 310 | 77 | 41 | 310 | 203 | 107 | 65% |
| ♦ Operating | | 35 | 9 | 14 | 35 | 38 | -3 | 109% |
| ♦ Capital | | 0 | 0 | 0 | 0 | 0 | 0 | |
| ♦ Specialized Agency | | | 0 | 5 | 0 | -39 | | |
| Total | 403 | 345 | 86 | 60 | 345 | 202 | 104 | 59% |

* Expenditures may be reported by activity as contained in your budget or may be reported by category (personnel, operating and capital).

Equity in pooled cash (for proprietary funds only)

| Fund/ Subfund | Prior Year | Projected at Year-end as of | | | |
|------------------|------------|-----------------------------|-----------|-----------|-----------|
| | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | |

Comments:

(Explain variances, discuss significant in-kind services, provide status of aged receivables at 30-60-90-+ days and those scheduled for write-off, if applicable)

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STATEMENT OF PROJECTION AND OUTLOOK

The Department projects to be within authorized budgeted expenditures and projects that available revenues will exceed expenses except as noted below:

Notes and Issues:

(Summarize any concern or exception, which will prohibit the Department from being within authorized budgeted expenditures and available revenues)

DEPARTMENT DIRECTOR REVIEW

The Department Director has reviewed this report in its entirety and agrees with all information presented including the statement of projection and outlook.

Signature

Department Director

Date _____